

FILED FEB 15 1951

CERTIFICATE OF DEATH STANDARD

State File No. 356

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff			
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.				d. STREET ADDRESS (If rural, give location) 918 Park			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) ASIE		c. (Last) TUNE		4. DATE OF DEATH (Month) (Day) (Year) 1/22/51	
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH 10/2/1878	
9. AGE (In years last birthday) 72		10. MONTHS 3		11. DAYS 20		12. HOURS Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re-Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farm			
11. BIRTHPLACE (State or foreign country) Butler Co., Mo.				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Thomas A. Tune				13b. MOTHER'S MAIDEN NAME Julia Ann Joiner			
14. NAME OF HUSBAND OR WIFE Mrs. Annie Tune							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.				16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Lester Tune....Poplar Bluff, Mo.				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pancreatitis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 3870			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE- HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 1948, to Jan 22, 1951, that I last saw the deceased alive on Jan 22, 1951, and that death occurred at 1:15 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Herman Olmstead				23b. ADDRESS Poplar Bluff Mo			
23c. DATE SIGNED Jan 29 1951							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1		24b. DATE 1/23/51		24c. NAME OF CEMETERY OR CREMATORY Mr. Zion		24d. LOCATION (City, town, or county) (State) Butler Co., Mo.	
DATE REC'D BY LOCAL REG. Feb 5-1951		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FRANK *COTRELL.....Poplar Bluff, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. H.O.

RECEIVED

FEB 13 1951

BUTLER CO. HEALTH CENTER

FILE No. 251-66

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

George A. Kerkey

Licensed Embalmer No. 1752

P. O. Address

Poplar Bluff, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.